

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000052017

1. Entity Name

TIME SAVING TECHNOLOGY, INC.

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90045 047 ***150.00

Principal Place of Business

2700 WESTHALL LANE
SUITE 200
MAITLAND FL 32751

Mailing Address

2700 WESTHALL LANE
SUITE 200
MAITLAND FL 32751-4195

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 135

Suite, Apt. #, etc.

Suite 135

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3398410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAPA & KACZOR, P.A.
2700 WESTHALL LANE
SUITE 200 135
MAITLAND FL 32751

Name

PAPA & KACZOR, P.A.

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John B. PAPA

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/31/2000

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PSD
PAPA, JOHN B
2700 WESTHALL LANE, SUITE 200
MAITLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Suite 135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
ST- ZIP
VPD
KACZOR, PAULINE V
2700 WESTHALL LANE, SUITE 200
MAITLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Suite 135 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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STREET ADDRESS
ST- ZIP
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. PAPA

1/31/2000 407 875 3331

Daytime Phone #

CR2E034 (9/99)